

# MAYWOOD SCHOOL DISTRICT

Maywood, New Jersey 07607  
maywoodschoools.org

Memorial School  
764 Grant Avenue  
Maywood, NJ 07607  
Tel: 201-845-9113  
Fax: 201-845-0657

Maywood Avenue School  
452 Maywood Avenue  
Maywood, NJ 07607  
Tel: 201-845-9110  
Fax: 201-291-1917

## Authorization to Release Student Records

Name of previous school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*For office use:** (Student name) \_\_\_\_\_, Grade \_\_\_\_\_, a former student in your school, registered at \_\_\_\_\_ on: \_\_\_\_\_.

Please forward all pertinent information you may have regarding this student, including:

- **Complete Health and immunization records (original A-45 if in NJ). Please send with educational records.**
- NJ SID # (if in NJ public school)
- Academic records (including ESL records if applicable)
- Standardized test scores
- Attendance records
- Disciplinary or Conduct records
- Special Education records including IEP (Assessments: education, language, & psychological)
- Copy of 504 plan or I&RS plan (if applicable)
- Any other pertinent information that would aid us in placement

Please forward this information to the attention of: \_\_\_\_\_, at the appropriate school address. Thank you for your prompt cooperation.

\*\*\*\*\*

I AUTHORIZE THAT THE SCHOOL RECORDS OF \_\_\_\_\_  
BE TRANSFERRED TO THE MAYWOOD SCHOOL DISTRICT.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Office Use Only:</b>		
Request for Records Sent:	Faxed ↑ Mailed ↑	Date: _____
2 <sup>nd</sup> Request for Records:	Faxed ↑ Mailed ↑	Date: _____
Comments: _____		
_____		